

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment
<input type="checkbox"/> Check box if an Amendment
<u>5 / 9 / 23</u>
Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: JDGILES LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: JOHNNIE DEE GILES	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (510) 866-7417	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: JDGILES@COMCAST.NET
LLC STREET ADDRESS: 644 BIRCHWOOD COURT	CITY: DANVILLE	STATE: CA	ZIP CODE: 94506
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: JDGILES LLC	COMMITTEE ID: 1397692	COMMITTEE PHONE NUMBER: (510) 866-7417	COMMITTEE EMAIL ADDRESS: SOSFILINGS@POLITICALLAW.COM
COMMITTEE STREET ADDRESS: 644 BIRCHWOOD COURT	CITY: DANVILLE	STATE: CA	ZIP CODE: 94506
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
JOHNNIE DEE GILES	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/17/2023
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print **Clear**